DOCUMENT RESUME

ED 089 514 EC 061 482

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TITLE	Tips for the Development of Programs for the Homebound and Hospitalized. Third Edition.
INSTITUTION	Council for Exceptional Children, Reston, Va. Div. on Physically Handicapped, Homebound and Hospitalized.
PUB DATE	73
NOTE	24p.
AVAILABLE FROM	Arselia B. Sehler, Ph.D. DOPHHH Handbook Revision Editor, Michigan Department of Education, Special Education Services, Box 420, Lansing, Michigan 48902 ($1.25)
EDRS PRICE	MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS	*Exceptional Child Education; *Guidelines; *Homebound; *Hospitalized Children; Multiply Handicapped; Physically Handicapped; *Program Development; Teacher Role

ABSTRACT

Listed in the handbook for teachers, administrators, and instructors of teacher education are suggestions for teaching the homebound and hospitalized physically and multiply handicapped children. The purposes of home and hospital teaching are given to include compensation for loss in-school experience and adjustment of instruction according to the student's needs and potential for meeting appropriate performance objectives. Covered are principles for establishing programs, initiation of services, the pupils to be served (such as the severely handicapped or convalescents from major surgery), the teacher-pupil ratio, aspects of long and short term teaching, qualifications and responsibilities of the teacher for the homebound and hospitalized, responsibilities of the regular teacher, responsibilities of the school principal and/or counselor, responsibilities of parents, and accountability and supervision. It is maintained that a student out of the educational mainstream for significant period will succeed only if his morale is kept high and his educators creatively provide learning opportunities involving instructional aids such as audio visual materials or hobbies. (MC)

ED 089514

TIPS FOR THE DEVELOPMENT OF PROGRAMS for the HOMEBOUND and HOSPITALIZED

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division
of
physically handicapped
homebound and
hospitalized

EC061482

THIRD EDITION
1973

Printed by

The Instructional Materials Development Center
Michigan School for the Blind
Lansing, Michigan
as
Funded by
The Elementary and Secondary School Act of 1965
Title I, 89-313

Proceeds from the sale of this pamphlet are to be dispensed through the Elizabeth Wetzel Fund of DOPHHH

Additional copies may be secured from:

Arselia B. Sehler, Ph. D.
DOPHHH Handbook Revision Editor
Michigan Department of Education
Special Education Services, Box 420
Lansing, Michigan 48902

Price $1.25

TIPS FOR THE DEVELOPMENT OF PROGRAMS FOR THE HOMEBOUND AND HOSPITALIZED

Suggestions for the Delivery of
Educational Services for Homebound and Hospitalized Students
- A Handbook for Administrators and Teachers

Presented by

The Division on Physically Handicapped,
Homebound and Hospitalized

of

The Council for Exceptional Children

Dr. Geraldine K. Fergen
DOPHHH President, 1972-73

INTRODUCTION

This handbook was designed to suggest to teachers, administrators, and instructors of teacher education a few of the facets of homebound and hospitalized teaching. It is a project of DOPHHH-the Division on Physically Handicapped, Homebound and Hospitalized of the Council for Exceptional Children.

In accordance with a major purpose of DOPHHH, as stated in 1958 in the Constitution, this publication is one step toward achieving the objective that "professional standards . . . be promoted". The content presented here was gleaned directly from teachers active in the field today.

DOPHHH invites you to join in the challenging endeavor to educate all physically and multiply handicapped children in the best possible manner, wherever they may be.

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PURPOSES OF HOME AND HOSPITAL TEACHING

Programs for homebound and hospitalized students are designed to

- compensate for loss of in-school experience - with special emphasis on academic and social development.
- adjust instructional efforts to a student's individual needs, abilities and interests, on the basis of appropriate performance objectives.
- evaluate educational status, and interpret the progress of each pupil enrolled.
- provide a continuum of services which prepares the child to resume school attendance as smoothly as circumstances permit.

- investigate and/or initiate avenues of rehabilitation open to each student.

- provide a supportive and interpretive liaison service among parents, school personnel, and student.

- coordinate and provide counseling regarding use of the services of public and private community agencies and other resources.

- provide continuity to the mental, social, emotional and physical development of a homebound or hospitalized child.

PRINCIPLES FOR ESTABLISHMENT OF PROGRAMS

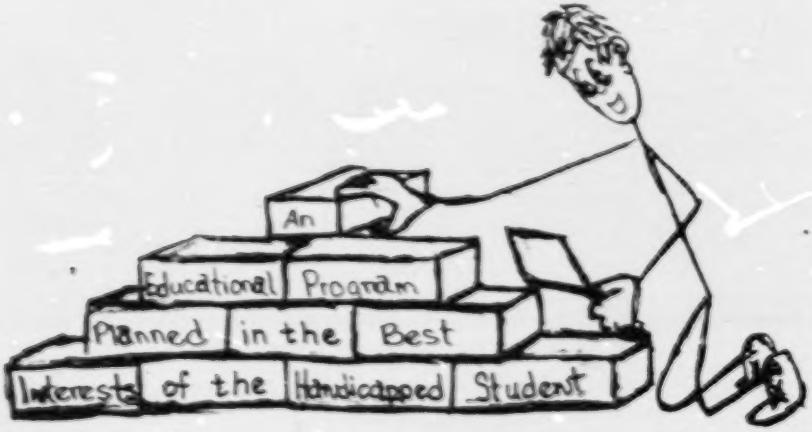
Services for homebound or hospitalized pupils

- should be established within the legal framework of the special education laws of the state, and in compliance with all rules, regulations and standards of the State Department of Education.

- might be administered by the director of Special Education of a local or an intermediate, cooperative or county-wide school district, except in very large systems where a supervisor might be available. A choice of teachers who are specialist in content or subject matter areas is desirable.

- should include a concise system of referral, one that is simple and clear, so that the student can be contacted promptly for instruction, and referred to an educational planning committee when appropriate.

- should involve coordination between referring parties, such as principal, counselor, and nurse, and the homebound teacher, classroom teacher, and student.



INITIATION OF SERVICES

Initial referrals should be made to the home or hospital teacher when the situation

- involves handicapped pupils who have been certified as appropriate for special education services within the legal statutes of the state.

- relates only to pupils for whom school attendance is impossible, or for whom homebound or hospitalized teaching is the only appropriate educational service available.

- relates to individuals of a wide-age range, according to state law (e.g. in Michigan, special education covers ages 0 - 25).

- calls for immediate service to persons for whom a physician or other certifying authority have indicated long term need, unless another type of educational service is recommended by a professional placement and planning team, including the parents.

- involves a pupil whose school attendance is intermittent and unsuccessful because of chronic debilitating conditions. This situation may call for a continuing referral.

- does not involve students unless a certifying medical authority has identified a significant medical problem, rather than, for examples, misbehavior or truancy.

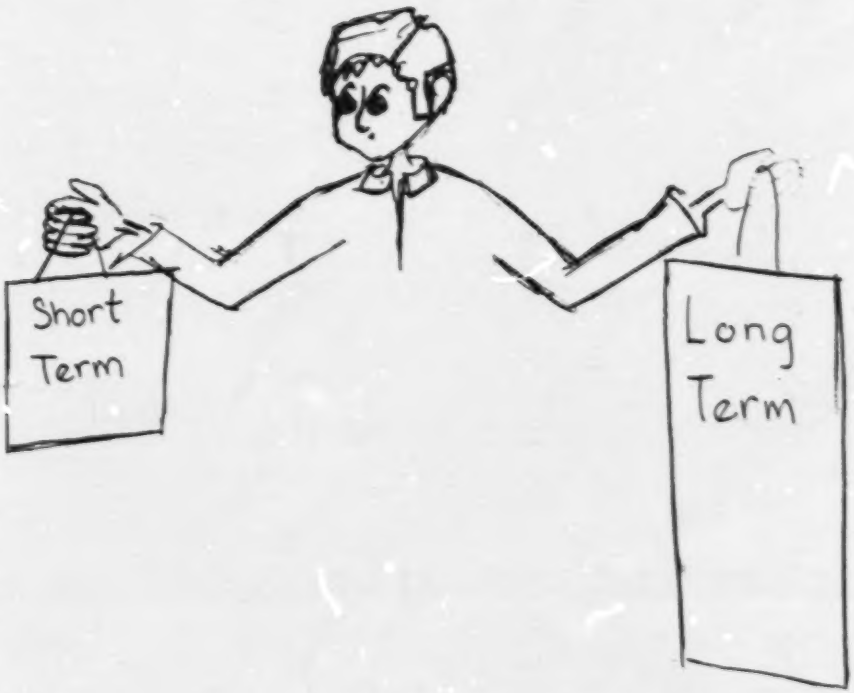
- does not involve those students, on a short term basis, for whom regular class teachers and classmates can reasonably be expected to provide instruction and materials.

PUPILS TO BE SERVED

The pupil load of the teacher of homebound and hospitalized children ordinarily includes populations falling into the following categories.

Services are to be extended only as long as necessary to pupils who

- are so severely handicapped as to be unable to profitably attend either a regular school or a special class.



- are confined to their homes or a hospital for a limited period, following a traumatic episode or surgical procedure.
- suffer from a chronic disabling illness.
- have a medical condition which makes transportation unfeasible.
- being handicapped, they live in areas too remote for regular school attendance.
- being handicapped, find no suitable school program available to them in their district.

TEACHER-PUPIL RATIO

Flexibility and good judgement on the part of the home or hospital teacher should dictate the extent of his or her instructional commitments at any one time. Guidelines in some districts indicate that service

- should be given daily in a hospital class setting to eight or ten students or fewer; or daily on a bedside basis (no less than two visits a week).
- can seldom be considered adequate if a teacher is required to give home instruction to more than ten students in one week.
- should be given five times a week to a child at home, in which case a teacher might be considered to have a full load (if there is much travel involved) when instructing five students.

- may permit occasional clustering of two or three homebound students for instruction, an arrangement especially appreciated when children are dependent upon homebound teaching over an extended period of time.

- should allow time for coordination and communication with home, school and community.

- may be supplemented by home-school telephone, the teleclass, computerized instruction, or cable television, to the extent that the standardizing of any teacher-pupil ratio is no longer a viable concept.

SOME ASPECTS OF LONG AND SHORT TERM TEACHING

The homebound teacher may need to consider that

- children ill for an extended period of time need special programming - teacher conferences, adjustment of coursework, realistic scheduling and curricula.

- children with terminal illnesses require special attention and a teacher who is tactful and supportive, as well as realistic with both student and parents.

- children with terminal illnesses are entitled to the teacher's attention as long as they or their parents are benefiting from the contact. The school district should adhere to a "zero reject" policy.

- long term and terminal situations call for maximum dedication and a high level of skill in teaching, as well as background information concerning the physical effects and psychological implications of illness for student and family.

- homebound students may respond positively to the exchange of newsletters, Round Robin letters, shared photographs, visits from classmates, and perhaps even a visit to the teacher's home.

- occasionally a long term student may be taken into his school setting for a particular event. Careful planning is a must.

- children ill for a brief period of time often need what is primarily a shuttle type of service, simply relaying their assignments and materials, and thus preventing them from "failing" or falling behind their classmates.

QUALIFICATIONS OF THE HOME OR HOSPITAL TEACHER

The teacher of the homebound or hospitalized must first be flexible and able to adjust quickly to situational changes. Comfort in this role can be achieved only when that person

- has a broad general education.
- is able and willing to continue his acquisition of knowledge.
- is able to apply his own knowledge, test it, and enjoy it.
- has some background in special education, including problems of emotionally disturbed and mentally retarded children, sensory impairment, and specific learning disabilities.
- is especially knowledgeable concerning the crippled and otherwise health impaired child.
- understands the psychological aspects of illness relating to child and family members.
- can readily establish rapport with children and their parents, as well as individuals in his school and community.
- can establish and maintain a "contract" with the parents, defining areas of responsibility.
- maintains willingness and ability to modify a program to match a child's current level of functioning and to reach an understanding with the regular classroom teacher as to any necessary extensions, substitutions or deletions.
- develops a faculty for organizing schedules, work and timing.
- remains realistic and child-oriented, able to accentuate the positive rather than to attempt to eliminate the impossible.

RESPONSIBILITIES OF THE HOME OR HOSPITAL TEACHER

The role of this professional may call for the ability to

- cooperate with school and parents in planning the program.
- adapt a schedule to the needs of the child and, in so far as possible, the needs of the child's family.
- teach to the child's needs and bolster his strengths; be supportive.
- remain aware of the student as an "individual"; help to enrich his environment

- set up communication with school officials to make re-entry as smooth as possible.

- exercise judgment in regard to realistic curriculum goals for children requiring longterm confinement, or with terminal illnesses.

- provide contacts with a variety of teaching media and enlist the cooperation of others in their use.

- evaluate pupil's educational status, progress and achievements.

- observe and record student behaviors and the situations in which they occur.

- be willing to master subject matter material and to teach it almost simultaneously when necessary.

- organize personal life for safe traveling and adequate health routines.

- be a child advocate.

RESPONSIBILITIES OF THE REGULAR CLASSROOM TEACHER

The regular teacher can help insure continuity to the homebound pupil's program if he or she

- helps the student maintain communication with his classmates.
- lets the student know that he or she also remains interested in his welfare.
- cooperates with the homebound teacher by sharing information about assignments, appropriate materials, tests, and teacher's manuals.
- assists the homebound teacher, if necessary, in areas of specialized instruction.
- remains flexible in assigning grades for work accomplished, and is willing to rely on the judgment of the homebound teacher - even to relinquishing the responsibility of grading when students are in a homebound program the major portion of a term.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL AND/OR COUNSELOR

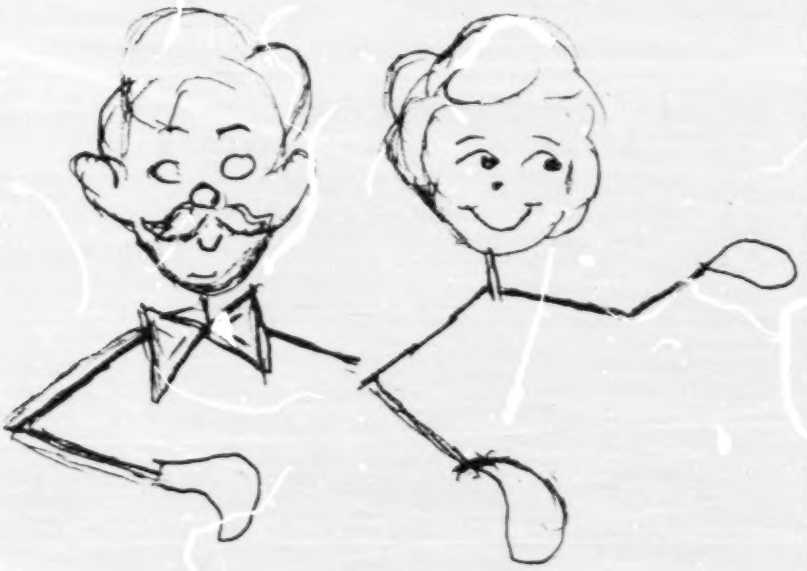
The principal and/or school counselor will facilitate the program if he or she

- is dedicated to the idea that the child is a child, and that he is a member of the student body, despite the fact that he is, for a time, in need of a special education service or services.
- includes the home teacher as an itinerant staff member, providing him or her with a mailbox, and sharing materials (testing and instructional) as appropriate.
- facilitates orientation and inservice education of the faculty and staff regarding the homebound service concept.
- makes provision for the home teacher to confer with the child's classroom teacher or teachers for mutual planning and on-going evaluation.
- offers to share the services of school volunteer helpers, or teacher aides, on those occasions when they can provide some special service in behalf of a homebound pupil.

RESPONSIBILITIES OF PARENTS

The teacher of the homebound needs to involve the student and the family in the educational planning. The parents should be made aware of their responsibilities to

- obtain appropriate medical certification and periodic check-ups.
- provide an appropriate setting for the teaching and study time - orderly and quiet.
- see that furnishings are comfortable and fit the needs of the child physically, and that materials are at hand.
- maintain schedules mutually acceptable to family, student and teacher.



- notify the teacher if a visit does not appear to be in the child's best interest at the scheduled time.

- assure that a responsible adult is present in the home during the teaching period.

- help the child pace himself so that he has not exhausted his energies prior to the teacher's visit.

- provide, if necessary, an occasional opportunity for teacher-parent communication when the child cannot overhear the conversation.

ACCOUNTABILITY AND SUPERVISION

The teacher of the homebound or hospitalized student should have supervision from a qualified special educator who is fully cognizant of the nature and educational needs of crippled and otherwise health impaired persons.

Responsibility for significant life planning for permanently disabled pupils should be made by a multi-disciplinary educational planning committee. It is the responsibility of the supervisor or administrator to whom the homebound teacher is directly accountable to insure such indepth evaluation and planning. The parent should be included in the planning.

The curriculum should parallel the pattern of the child's regular classroom as nearly as possible, particularly with students whose disability is temporary.

The teacher should be able to formulate specific performance objectives, strategies, and evaluation procedures which are compatible with the goals of academic, social, and vocational self-realization.

Reporting procedures should be planned on a realistic and practical basis. The home and hospital teacher may be adjusting to several school calendars as well as to a pupil's individual schedule of achievement. Due dates for reports should be set well in advance to permit adequate teacher-parent deliberation.

Most of the data to be used for evaluation will be collected during the teaching time of the student.

ADDITIONAL SUGGESTIONS

A student who is out of the mainstream of education for any significant period of time will succeed only if his morale is maintained at a high level. His educators need to be creative. They must open as many doors to the student as they can, keeping in mind, for example, that

- a regional or district Materials Center may provide supplementary audio-visual materials to enrich homebound student fare. Perhaps the student will himself make slides or a filmstrip, participate in video-taping, or closed-circuit television, or enjoy the use of tapes or recordings of his classmates.

- some continuing program of occupational and/or physical therapy might be important to a child. The appropriate administrator should arrange for such services to be provided.

- the community should be brought into a homebound student's world as much as possible, e.g. citizen band radio equipment.

- hobbies should be encouraged. By collecting, composing, creating and communicating, the student may continue to be motivated despite the many personal odds faced.

- referral to Vocational Rehabilitation services is appropriate by the age of 16. For some, a prevocational or a homebound crafts program may be initiated.

- volunteers such as foster grandparents, college students, or teenagers may be beneficial to young persons living in long-term care facilities.

- public and private health, social service, and legal agencies, religious affiliations, and peer hobby groups provide appropriate supplemental services for some homebound students.

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The Editor gratefully acknowledges those suggestions made by a number of nationally known COHI leadership people who attended the Third Institute for of Crippled and Otherwise Health Impaired held at Tappan Zee, Nyack, New York on March 29-31, 1973.

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